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08/16/01

PTO/SB/05 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

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# UTILITY PATENT APPLICATION TRANSMITTAL

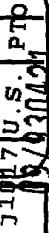
(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 12078-139

First Inventor or Application Identifier Noah J. Ternullo

Title METHOD AND APPARATUS FOR INFRARED DATA  
COMMUNICATION

Express Mail Label No. EL449700551US



## APPLICATION ELEMENTS

See MPEP chapter 600 concerning design patent application contents.

- Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
- Applicant claims small entity status.  
See 37 CFR 1.27.
- Specification [Total Pages 70]  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings ( if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- Drawing(s) (35 U.S.C.113) [Total Sheets 21]
- Oath or Declaration [Total Pages 1]
- Newly executed (original or copy)
- Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 17 completed)
  - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b)
- Application Data Sheet. See 37 CFR 1.76

## ADDRESS TO

Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7.  CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a.  Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i.  CD-ROM or CD-R (2 copies); or
    - ii.  paper
  - c.  Statements verifying identity of above copies

## ACCOMPANYING APPLICATIONS PARTS

9.  Assignment Papers (cover sheet & document(s))
10.  37 C.F.R. §3.73(b)Statement  3 Powers of  
(when there is an assignee) Attorney
11.  English Translation Document (if applicable)
12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS  
Citations
13.  Preliminary Amendment
14.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15.  Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16.  Other: Patent Application Cover Sheet.

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No: \_\_\_\_\_ /  
Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	26486	<input type="checkbox"/> Correspondence address below
(Insert Customer No. or Attach bar code label here)		
Name		
Address		
City	State	Zip Code
Country	Telephone	Fax
Name (Print/Type)	Jacob N. Erlich	
Signature		
	Date	AUG 15, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT** (\$ 1776.00)

Complete if Known	
Application Number	N/A
Filing Date	Herewith
First Named Inventor	Noah J. Ternullo
Examiner Name	N/A
Group / Art Unit	N/A
Attorney Docket No.	12078-139

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees (deficiencies only) and credit any over payments to:				3. ADDITIONAL FEES			
Deposit Account Number 50-0646				Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)
				105	130	205	65
				127	50	227	25
Deposit Account Name LOCKHEED MARTIN CORPORATION				139	130	139	130
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				147	2,520	147	2,520
2. <input type="checkbox"/> Payment Enclosed				112	920*	112	920*
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other				113	1,840*	113	1,840*
FEE CALCULATION				115	110	215	55
1. BASIC FILING FEE				116	390	216	195
Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid		
101	710	201	355	Utility filing fee	\$710.00		
106	320	206	160	Design filing fee			
107	490	207	245	Plant filing fee			
108	710	208	355	Reissue filing fee			
114	150	214	75	Provisional filing fee			
SUBTOTAL (1)				117	890	217	445
				118	1,390	218	695
				128	1,890	228	945
				119	310	219	155
				120	310	220	155
				121	270	221	135
				138	1,510	138	1,510
				140	110	240	55
				141	1,240	241	620
				142	1,240	242	620
				143	440	243	220
				144	600	244	300
				122	130	122	130
				123	130	123	130
				126	180	126	180
				581	40	581	40
				146	710	246	355
				149	710	249	355
				179	710	279	355
				189	900	169	900
2. EXTRA CLAIM FEES				Other fee (specify)			
Total Claims	57	-20	= 37	X 18	= 666		
Independent Claims	8	-3	= 5	X 80	= 400		
Multiple Dependent				X	= 0		
Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid		
103	18	203	9	Claims in excess of 20			
102	80	202	40	Independent claims in excess of 3			
104	270	204	135	Multiple dependent claim, if not paid			
109	80	209	40	** Reissue independent claims over original patent			
110	18	210	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)				(\$ 1066.00)			
				*Reduced by Basic Filing Fee Paid			
				SUBTOTAL (3)			
				(\$ 0)			

\*\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY						Complete (if applicable)
Name (Print/Type)	Jacob N Erlich	Registration No	Attorney/Agent)	24,338	Telephone	(617) 854-4000
Signature					Date	AUG 15, 2001

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